



CLINICAL LABORATORY PERSONNEL CERTIFICATION APPLICATION

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NEVADA STATE HEALTH DIVISION
Bureau of Health Care Quality and Compliance
1550 East College Parkway, Suite 158
Carson City, Nevada 89706
Phone: (775) 687-4475 Fax: (775) 687-6588
<http://health.nv.gov/BLC/services.htm>

This application must be accompanied by a check for the appropriate amount made payable to the Nevada State Health Division. Under Nevada Administrative Code (NAC) 652.488 the fee is non-refundable. Insufficient funds charge: \$25.00 per NAC 353C.400. Failure to submit appropriate documentation within six (6) months of application submission voids the application. Regulations may be viewed at <http://leg.state.nv.us>. **PLEASE SUBMIT ANY CHANGES IN WRITING WITHIN 30 DAYS OF THE CHANGE.**

☐ Initial

☐ Reactivation*

☐ New Level of Certification

*1 CEU required (5 approved, 5 unapproved)
(excluding Office Lab Assistants)

Previous Certification Number: _____

PERSONAL INFORMATION

Name
Maiden/Previous Name (if applicable)
Social Security Number
Mailing Address
City
County
State
Zip Code
Date of Birth (i.e., 08/12/1965)
Phone Number (starting with the area code)

LABORATORY INFORMATION

Employer/Laboratory Name
Nevada Lab License Number
Laboratory Street Address
City
County
State
Zip Code
Laboratory Phone Number (starting with the area code)
Laboratory Fax Number (starting with the area code)

ALL APPLICANTS MUST COMPLETE THIS SECTION

Failure to clearly mark one of the choices below will result in denial of the application.

Federal Welfare Reform as implemented by the 1997 Legislative Session NRS 652.095 requires that professional and occupational licensing agencies add the following questions regarding child support to all applications for new licenses and renewals. Your license, issued by the Bureau, is subject to this requirement mandated by the Federal Government of all states, including Nevada.

MUST CHOOSE ONLY ONE BOX

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. **You are required to contact your local District Attorney or the Welfare Division to arrange payment. Provide evidence of compliance and payment with the application.**

I hereby certify that all the above statements/information are true, correct and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

If you fail to answer the questions or sign this form, your license will NOT be issued and the fee will NOT be refunded.

2/9/2009

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PLEASE CHECK APPROPRIATE BOX

- ☐ **Assistant - \$60.00**
- ☐ Laboratory Assistant for Licensed Labs (must include copy of high school diploma or GED per NRS 652.127)
*Reactivation CEU must be 10 contact hours
- ☐ Blood Gas Assistant (must include copy of high school diploma or GED per NAC 652.450)
- ☐ Office Laboratory Assistant for Exempt or Registered Labs (Directing Physician's Signature Required)

Please **PRINT** Directing Physician's Name

Directing Physician's **SIGNATURE**

- ☐ **General Supervisor - \$225.00**
- Evidence is required of at least 3 years full-time experience and evidence of passing the national exam for a technologist, 2 years of experience with a Masters Degree or 1 year experience with a PhD (NAC 652.410).

Technologist - \$113.00

- ☐ Clinical Laboratory Technologist
- ☐ Blood Gas Technologist
- ☐ Histotechnologist
- ☐ Cytotechnologist
- ☐ Specialty Technologist
- ☐ Chemistry
- ☐ Microbiology
- ☐ Hematology
- ☐ Immunology
- ☐ Immunohematology
- ☐ Nuclear Medicine
- ☐ Histocompatibility
- ☐ Histology
- ☐ Cytology
- ☐ Biotechnologist

Technician - \$113.00

- ☐ Medical Technician
- ☐ Blood Gas Technician
- ☐ Histologic Technician
- ☐ Specialty Technician
- ☐ Chemistry
- ☐ Microbiology
- ☐ Hematology
- ☐ Immunology
- ☐ Nuclear Medicine
- ☐ Histocompatibility
- ☐ Histology
- ☐ Autopsy Assistant
- ☐ Biotechnician

Pathologist Assistant - \$113.00

- ☐ Pathologist Assistant

Proof of passing the national exam and original transcripts when required.

☐ Point of Care Analyst - \$75.00

Applicants must attach verifications of completion of a director approved training program and a copy of their professional license.

Academic Background (NAC 652.470):

College/University	City	State	Degree Obtained	Major	Month/Year

Laboratory Training and/or Work Experience (NAC 652.470):

Company Name	City	State	Work Title	Supervisor's Name	From Month/Year	To Month/Year

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